

FUZEON PA SUMMARY

STATUS: Preferred

LENGTH OF AUTHORIZATION: 6 months

NOTE: Fuzeon is only approvable for patients 6 years old or older.

PA CRITERIA:

- ❖ For requests related to a repeat authorization of Fuzeon, providers must be able to provide the decrease experienced by the patient in HIV RNA.
- ❖ For patients that have taken other anti-HIV medications in the past, providers must be able to indicate if there is still evidence of viral replication and a viral load of greater than 1,000 copies/mL, with a secondary confirmation test within the past 6 months. The provider must also be able to indicate the HIV drug which will be used in combination with Fuzeon.
- ❖ Approvable as a salvage regime for patients with end-stage disease with resistant virus or HIV-2 and are at risk for serious opportunistic infections or death.
- ❖ Provider offices/clinics must have the capacity and expertise to educate patients regarding the preparation and administration of Fuzeon.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Express Scripts at 1-877-650-9340**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please click [here](#).

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please select Pharmacy Services from the manuals listed [at this link](#).